



Correction/Cancellation - Foreign Limited Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

Check the appropriate box below:

CORRECTION OF APPLICATION OF REGISTRATION
(Complete only 1, 2, 3, 7)

CERTIFICATE OF CANCELLATION OF REGISTRATION
(Complete only 1, 2, 4, 5, 6, 7)

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

- 1) **NAME OF LIMITED PARTNERSHIP:** _____
- 2) **STATE OR COUNTRY OF FORMATION:** _____

CORRECTION OF APPLICATION ONLY

- 3) **THE CORRECTION(S) TO THE APPLICATION FOR REGISTRATION OF FOREIGN LIMITED PARTNERSHIP IS AS FOLLOWS:**

CERTIFICATE OF CANCELLATION

- 4) **THE LIMITED PARTNERSHIP IS NOT TRANSACTING BUSINESS IN OREGON:**
 TRUE
- 5) **REVOCAION OF AUTHORITY:** (The limited partnership revokes the authority of its registered agent in the State of Oregon to accept service of process, notice, or demand and consents that service of process, notice, or demand in any action, suit, or proceeding based upon any transaction, event, or occurrence that took place in Oregon prior to the filing of the certificate of cancellation may thereafter be made on the limited partnership by service on the Secretary of State.)
 YES
- 6) **MAILING ADDRESS:** (Mailing address to which the person initiating any proceeding may mail to the limited partnership a copy of any process, notice or demand that has been served on the Secretary of State.)

- 7) **EXECUTION:** (At least one General Partner must sign for Correction and Cancellation.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES	
Required Processing Fee	\$275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	
Free copies are available at sos.oregon.gov/business using the Business Name Search program.	